

ID: WWYP

Facility ID: 003075

16. STATE SURVEY AGENCY REMARKS (IF APPLICABLE SHOW LTC CANCELLATION DATE): 4-4-11 This facility was found out of compliance with federal participation requirements per deficiencies cited at the 2-11-11 health survey and the 3-3-11 LSC survey. Revisits will be conducted. cl	
17. SURVEYOR SIGNATURE _____ (L19)	Date : 04/04/2011
18. STATE SURVEY AGENCY APPROVAL _____ (L20)	Date: 04/04/2011

PART II - TO BE COMPLETED BY HCFA REGIONAL OFFICE OR SINGLE STATE AGENCY

[illegible]